

**TRAVEL EXPENSE CLAIM**

ARB/ASD 262A (REV. 1/2008)

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CLAIMANT'S NAME Linda Adams				SSN OR EMPLOYEE NUMBER On File				DEPARTMENT Cal/EPA			
POSITION Secretary for Environmental Protection			CB/ID NUMBER	DIVISION OR BUREAU Office of the Secretary					INDEX NUMBER		
RESIDENCE ADDRESS On File					HEADQUARTERS ADDRESS 1001 I Street, 25th Floor					TELEPHONE NUMBER 916-324-9214	
CITY On File		STATE		ZIP CODE		CITY Sacramento		STATE CA		ZIP CODE 95814	

(1) MONTH/YEAR		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION					(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
Mar-09				BREAK-FAST	LUNCH	O.T,L/T, NC, RELO, OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
(2) DATE	TIME										MILES	AMT		
3/18	16:00	Traveled from Sacramento, CA to San Francisco, CA	155.93						SC	43.32		0.00		199.25
3/19		Participated in the Ten States (U.S./Mexico) Border meeting and met with U.S. EPA regarding Border 2012 and federal funding for Border programs.	155.93				6.00			43.32		0.00		205.25
3/20	16:00	Participated in the Ten States (U.S./Mexico) Border meeting.		6.00	10.00		6.00			4.00		0.00		26.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
(10)												0.00		0.00
SUBTOTALS			311.86	6.00	10.00	0.00	12.00	0.00	0.00	90.64	0.0	0.00		430.50

CLAIM TOTAL

\$

430.50

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

**March 18-20, 2009:** On March 18, Secretary Adams traveled to San Francisco, CA to partipate in the Ten States Border Meeting. On March 19 she participated in the Development of Proposals for environmental Legislation, Review of 2008 Joint Declarations and Plan of Action and Review of other Declarations and diverse aspects for progress reporting meetings. On March 20, Secretary Adams participated in the Proposals and discussion of 2009 joint declarations, 2009 Action Plan and other related meetings. She traveled back to Sacramento, CA.

8:00-5:00pm

## AGENCY ACCOUNTING OFFICE USE ONLY

(13) PRIVATE VEHICLE LICENSE NO.

(14) MILEAGE RATE CLAIMED

\$ 0.550

AGENCY ACCOUNTING  
OFFICE USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate. I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE